



Fax

Attention: Mail Stop ISSUE FEE	From: Travis Dodd
Fax: (571) 273-2885	Fax: (818) 833-2065
Examiner's Phone:	Phone: (818) 833-2014
Company: United States Patent and Trademark Office	Company: Quallion LLC
Re: Application Serial No. 10/612,439 Filing Date: July 1, 2003 Confirmation No. 6593 Inventor(s): Ilias Belharouak et al. Examiner: John Maples Group Art Unit: 1795 for A METHOD FOR MAKING A BATTERY Our File No. Q170-US1	Pages: 5 Date: November 2, 2009

☐ Urgent ☒ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

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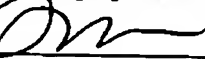
CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)

I hereby certify that the following documents are being facsimile transmitted to the United States Patent and Trademark Office, Fax No. 571-273-2885 on November 2, 2009:

- Transmittal of Payment of Issue Fee (Small Entity) (1 page)
- Fee Transmittal (1 page)
- PTOL-85 (Rev. 11/03) Part B. – Fee(s) Transmittal (1 page)
- Form PTO-2038, credit card authorization (1 page)

Lisa K. Robbins

(Name of Person Signing Certificate)


(Signature)

Quallion LLC

PO Box 923127, Sylmar, CA 91392-3127 • PH: (818) 833-2000 • FAX: (818) 833-2065

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission	Application Number	10/612,439	
	Filing Date	July 1, 2003	
	First Named Inventor	BELHAROUK, Ilias et al.	
	Group Art Unit	1795	
	Examiner Name	John Maples	
		Attorney Docket Number	Q170-US1

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Authorized Amendment After Final Affidavits/declaration(s) with Exhibits (3 sets) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53	Assignment Papers (for an Application) Drawing(s) Licensing-related Papers Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer Request for Refund CD, Number of CD(s) _____	After Allowance Communication to Group Appeal Communication to Board of Appeals and Interferences Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <input checked="" type="checkbox"/> Issue Fee
Remarks		

Customer Number or Bar Code Label

31815

(Insert Customer No. or Attach bar code label here)

The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 50-0921. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

Dated: 11/2/2009

Phone: (818) 833-2003

Fax: (818) 833-2065

By:

Travis Dodd
 Attorneys for Applicant(s)
 P.O. Box 923127
 Sylmar, CA 91392-3127

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail

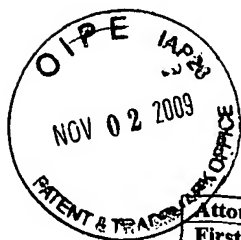
In an envelope addressed to: Commissioner of Patents and Trademarks, Washington, DC 20231 on this date:

Typed or printed name

TRAVIS DODD

Signature

Date



FEE TRANSMITTAL

Attorney Docket No.	Q170-US1
First Named Inventor:	BELHAROUK, Ilias et al.
Application Number	10/612,439
Filing Date:	July 1, 2003
Examiner Name:	1795
Group/Art Unit:	John Maples

TOTAL AMOUNT OF PAYMENT:	\$ 1,055.00
METHOD OF PAYMENT (check One)	<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and/or credit any over payment to:</p> <p>Deposit Account No.: 50-0921 Deposit Account Name: Quallion LLC</p> <p><input checked="" type="checkbox"/> Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p>2. <input checked="" type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Other - Credit Card</p>

2. UTILITY Basic Filing Fee & Claims

(1) For	(2) No. filed	(3) No. extra	(4) Large Entity	(5) Small Entity	(6) Calculations
Basic Filing Fee	XX	XX	\$330.00	\$165.00	\$0.00
Total Claims	26 - 64 =	0	X \$52.00	X \$26.00	\$0.00
Independent Claims	1 - 3 =	0	X \$220.00	X \$110.00	\$0.00
Multiple Dependent Claim(s) (if applicable)			\$390.00	\$195.00	\$0.00
Total of above Calculations =					\$0.00

Basic Filing Fee	Large Entity	Small Entity	Total
Design filing fee	\$220.00	\$110.00	\$0.00
Reissue filing fee	\$330.00	\$165.00	\$0.00
Provisional filing fee	\$220.00	\$110.00	\$0.00
Total of above Calculations =			\$0.00

3. ADDITIONAL FEES

Fee Description	Large Entity	Small Entity	Other
Issue Fee	\$	\$755.00	\$755.00
Publication Fee	\$	\$300.00	\$300.00
	\$	\$	\$
	\$	\$	\$
TOTAL:			\$1,055.00

Name (print/type)	TRAVIS L. DODD	Registration No.: (Attorney/Agent)	42,491
Signature		Date	11/2/2009